



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Jane Drummond**  
Director



**Matt Blunt**  
Governor

**FINANCIAL ELIGIBILITY (FE)  
January 2008 through January 2009**

**Financial Eligibility guidelines** are based on the U.S. Department of Health and Human Services Poverty Income Guidelines at, or below, 185% of poverty. All third party payors must be utilized before DHSS will consider reimbursement.

FAMILY SIZE	ANNUAL (Maximum)	MONTHLY (Maximum)	WEEKLY (Maximum)
1	\$19,240.00	\$1,603.33	\$370.00
2	\$25,900.00	\$2,158.33	\$498.08
3	\$32,560.00	\$2,713.33	\$626.15
4	\$39,220.00	\$3,268.33	\$754.23
5	\$45,880.00	\$3,823.33	\$882.31
6	\$52,540.00	\$4,378.33	\$1,010.38
7	\$59,200.00	\$4,933.33	\$1,138.46
8	\$65,860.00	\$5,488.33	\$1,266.54
9	\$72,520.00	\$6,043.33	\$1,394.62
10	\$79,180.00	\$6,598.33	\$1,522.69
11	\$85,840.00	\$7,153.33	\$1,650.77
12	\$92,500.00	\$7,708.33	\$1,778.85

(For families that exceed 12 members, add \$3,600.00 for each additional family member to the annual guideline.)

**Note:** Financial eligibility for the Missouri Department of Health and Senior Services, Adult Genetics Programs (Cystic Fibrosis – Hemophilia – Sickle Cell) is 1.85 times the Federal 2008 HHS Poverty Guidelines\*

\*Reference <http://aspe.hhs.gov/poverty/08poverty.shtml>

[www.dhss.mo.gov](http://www.dhss.mo.gov)

**Healthy Missourians for life.**

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.